## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER BURGANA RO	public	2. DATE Q 29 21
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	HED ANNUALLY 3B. AN	NUAL SUBSCRIPTION
weekly 520	PRICE	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
POBOXIII, Benesland, Win, SD 570H		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
POBOXIII, 1108 W. Codar#2, Borosland, SD 57004		
6. FULL NAME OF PUBLISHER: CONTROL OF THE PU		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding I percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME COMPLETE MAILING ADDRESS		
QUESTIBILI INVIDALIST CORT IL CRETAUL		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.		
	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12	ISSUED
	MONTHS	NEAREST TO FILING DATE
A.TOTAL NO, COPIES (Net Press Run Plus Paid Electronic Copies)	750	750
B.PAID AND/OR REQUESTED CIRCULATION  1. Sales through dealers and carriers, street vendors,		~
and counter sales.	320	320
2. Mail Subscription	"Z   L	>0/1
(Paid and or requested) 3. Paid Electronic Copies	517	504
	0	
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	634	1 74
(Sum of 9B1, 9B2 and 9B3.) D.FREE DISTRIBUTION	037	624
1. BY MAIL, CARRIER OR OTHER MEANS	11	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE	^	- ' '
COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1045	1035
F. COPIES NOT DISTRIBUTED	100	435
1. Office use, left over, unaccounted, spoiled after printing	105	)15
2. Return from News Agents		
G.TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	750	750
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
Allu Sam I III		
(Signature) (Title)		
( )		
State of South Dakota ) Sworn to before me this 29 day of Sept. 20_		
5 (Nov. 1000)		
County of Turner ) Notary Public		
(Seal) Cheri O'Dell My commission expires: March 12, 2025		
(Seal) Cheri O'Dell		
NOTARY PUBLIC		
Form: SOS RECOST TO 6 SOUTH DAKOTA		
A CONTRACTOR OF THE PROPERTY O		